

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
(916) 322-5330



March 18, 1981

ALL-COUNTY INFORMATION NOTICE I-34-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NEW DISABILITY INSURANCE (DI) ABSTRACT

REFERENCE: DSS OPERATIONS MANUAL SECTION 29-007

County welfare departments currently obtain Disability Insurance Benefit payment verification by first using a Request for Information form (DE 8720) to obtain a Wage and Claim Abstract (DE 507) in order to identify the Employment Development Department (EDD) field office in which a DI claim was filed. The county then submits a self-addressed, stamped ABCD 351 form to the appropriate field office where an EDD employee manually enters the requested DI payment information on the form and mails it to the county. This process has been taking a month or more to complete.

In order to simplify and speed up the DI verification process for counties, the AFDC Program Systems Bureau has been working with EDD to centralize and automate access to DI payment information. Effective immediately, EDD will provide a Disability Insurance Abstract (DIB 100) and process requests for DI information centrally via Form DE 8720. This means that you will no longer have to submit a DE 8720 request for a DE 507 to determine the field office where the DI claim was made. You should obtain DI payment information directly with a DE 8720 request for a DIB 100. DIB 100 information essential to county welfare departments includes the SSN and the name of the recipient, the check date and number, and the amount of each DI payment.

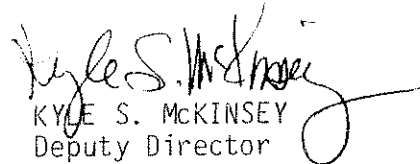
EDD began to accumulate DI payments on their computer files on January 1, 1979, and now they are able to provide payment information at least two years old on the DI Abstract. EDD will continue to accumulate DI payments so that, around December 31, 1981, the DI Abstract will include payment information up to 36 months old. At such time, EDD will begin deleting information older than 36 months from their files. In the meantime, if counties want payment information older than that provided by the DIB 100, but no older than 36 months from the claim date, they may obtain it by sending the ABCD 351 and a self-addressed, postage-paid return envelope to:

Disability Insurance Section, MIC-29  
Employment Development Department  
800 Capitol Mall  
Sacramento, CA 95814

The DI Abstract Instructions attached to this notice give the detail necessary for requesting and using the abstract. If desired, these instructions can be reproduced and distributed to eligibility workers. The same instructions will be incorporated in the next revision of the DSS Operations Manual - Division 29.

If you have any questions regarding the new DI verification system, you may contact your AFDC Program Management Consultant at (916) 445-4458.

Sincerely,

  
KYLE S. MCKINSEY  
Deputy Director

Attachment

cc: CWDA

# DI ABSTRACT INSTRUCTIONS

## I. REQUESTING THE DI ABSTRACT

- A. Use the DE 8720 to ask EDD for the DI Abstract. Until the DE 8720 is revised, request DI Abstracts by writing "DI" adjacent to the title, "Request for Information", on the top center of the form.

Note: Do not request UI Abstracts (ECC 586-A) and Wage and Claim Abstracts (DE 507) on the same DE 8720 form that you use to request DI Abstracts.

- B. When you use the DE 8720 to request DI information, enter the same six-character requester ("W") code you are now entering on the DE 8720 to request Wage and Claim and UI Abstracts.

## II. INTERPRETING THE DI ABSTRACT

- A. DI Abstract (The circled numbers are included in the DI Abstract example below to reference the definitions in B.)

①	ROUTE TO	DEPT OF SOCIAL SERVICES	MS 12-95	②	REQUESTER	W00000							
③	DIB 100	--	DISABILITY INSURANCE ABSTRACTS 1979 - 1980	④	DATE	12/23/80							
⑤	SSAN	⑥	NAME	⑦	CHK-DATE	⑧	OFFICE	⑨	CHK NO	⑩	AMOUNT	⑪	LIAB
001	24	1062	GE FAIR	01/09/0	205	779583	\$	292.00	0				
001	24	1062	GE FAIR	01/09/0	205	787843	\$	292.00	0				
001	24	1062	GE FAIR	01/25/0	205	797947	\$	104.29	0				
001	24	1062	GE FAIR	02/06/0	205	799826	\$	292.00	0				
001	24	1062	GE FAIR	02/11/0	205	808969	\$	208.57	0				
001	24	1062	GE FAIR	02/25/0	205	816340	\$	292.00	0				
001	24	1062	GE FAIR	03/20/0	205	827612	\$	292.00	0				
001	24	1062	GE FAIR	03/25/0	205	837413	\$	292.00	0				
001	24	1062	GE FAIR	04/01/0	205	844115	\$	187.71	0				
001	24	1062	⑫ UNRECON DISB	04/15/0	205	855432	\$	178.00	0				
										⑬	TOTAL AMOUNT	\$2,430.57	

## B. Definitions of DI Abstract Data Elements

- ① ROUTE TO: EDD will route all DI abstracts to DSS mail station 12-95. DSS will then distribute the abstracts to the counties.
- ② REQUESTER: The requester ("W") code supplied by the county on the DE 8720.
- ③ DIB 100: Form number.

- ④ DATE: This is the date the DI Abstract was printed. Automated DI payment history files will be updated weekly on Fridays, and DI Abstracts will be printed the same day. The most recent payment information on the DI Abstract will be seven to ten days old when printed.
- ⑤ SSAN: The recipient's Social Security Number.
- ⑥ NAME: The recipient's first and middle initial and up to 12 letters of his last name will be provided.
- ⑦ CHK-DATE: The DI check is typed or printed and, in most cases, mailed by the EDD field office on this date. It is the best source of information to estimate the date that the recipient would have received the check.
- ⑧ OFFICE: This is the number of the EDD field office where the DI claim was filed.
- ⑨ CHK NO.: Form GEN 973 is used to request UI and DI check photocopies. When you submit a Form 973 to EDD to request a photocopy of a DI check, attach a copy of the DI Abstract to document the check number.
- ⑩ AMOUNT: The DI Abstract shows the amount of each payment recorded on DI payment history files.
- ⑪ LIAB: The liability code is used by EDD to indicate the disabled account to which DI payments are to be charged. Since liability is based on employment status as of the date the disability began, some of the following liability codes may be of assistance to counties:
- Code "0" or "8" - On the date disability began, the person had not been terminated from his/her employment.
- Code "4" - Former inmate account. For EDD use only.
- Code "7" - On the date disability began, the individual was not employed.
- Code "00" - Employment status has not been determined.
- ⑫ UNRECON DISB: "Unreconciled disbursements" are correct DI payments that are not yet shown on EDD files as having been reconciled. These payments are at least seven to ten days old when first printed on the abstract and will likely have been received by DI recipients. They are usually the last one or two payments in the "name" column and they apply to the person listed above.
- ⑬ TOTAL AMOUNT: Total amount paid on the claim.